PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

23373
CUSTOMER NUMBER

APPLICATION NO.

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800

WASHINGTON, DC 20037

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO. CONFIRMATION NO.

June 30, 2009

30,951

ATTLICATION	NO. FILE	PILENO DATE PIKO		I MANUED INVENTOR		`	ATTORNET DOCKET NO.			CONTRIBATION NO.	
I0/522,737 I		12/2005 N		Nicoletta BIAN	icoletta BIANCHI		Q86049			8521	
TITLE OF INVENTION	ON: USE OF ANGI	LICIN AND	ITS STRUC	CTURAL ANAL	OGUES	FOR TH	E TREATMENT	OF THALASSE	MIA		
APPLN. TYPE	SMALL ENTITY	ISSU	E FEE	PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	YES \$755.00		\$300.00			\$0.00	\$1,055.00		07/10/2009	
	ART UNI	T	CLAS	S-SUBCLASS							
i	Brian Yong S KWO	N		1614		51	4-453000				
I. Change of correspon	ndence address or in	lication of "F	ee Address"	(37 CFR I.363	2. For	printing o	n the patent front	page list 1	S	ughrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						(I) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB47; Rev 03-42 or more recent) ATTACHED. Use of a Customer Number is required.						(2) the name of a single firm (having as a member a registered attorney or agent) and the 3 names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO I	BE PRINTE	D ON THE PAT			e)				
PLEASE NOTE: Unle recordation as set forti								lentified below, t	he do	cument has been filed for	
(A) NAME OF ASSIG	ONEE (B) RES	IDENCE: (C	TY and ST	ATE OR COUNT	rry)						
UNIVERSITA' DEGI	I STUDI DI FERR	ARA	1	Ferrara, Italy							
ASSOCIAZIONE VE	NETA PER LA LO	TA ALLA T	ALASSEM	IA	Ro	vigo, Ital	y				
Please check the appro	opriate assignee cate	gory or catego	ories (will no	st be printed on t	he paten	i): 🗆 Indi	vidual 🗹 Corpora	tion or other priva	ite gr	oup entity 🗆 Government	
4a. The following fee((s) are submitted:			4b. Paymer	nt of Fee	(s): (Plea	se first reapply a	ny previously pa	id iss	ue fee shown above)	
☑ Issue Fee					☐ A check is enclosed.						
☑ Publication Fee (No small entity discount permitted)					☐ Payment by credit card. Form I3I0-2038 is attached.						
☐ Advance Order - #	☑ The Dir overpayme	\square The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19\text{-}4880}$.									
	☑ The US <u>19-4880</u> . I	☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.									
5. Change in Entity St	atus (from status ind	icated above)								
a. Applicant claims							laiming SMALL				
The Director of the US	SPTO is requested to	apply the Iss	ue Fee and P	ublication Fee (i	fany) or	to re-app	ly any previously	paid issue fee to t	he app	olication identified above.	

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other

Registration No.

Authorized Signature

Typed or Printed Name

party in interest as shown by the records of the United States Patent and Trademark Office.

/Susan J. Mack/

Susan J. Mack

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.